P160000080978

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OLY INSULATIO	N CORP.			
DOCUMENT NUMBER: P16000080978				
The enclosed Articles of Amendment and fee are sul	bmitted for fili	ng.		
Please return all correspondence concerning this mat	ter to the follo	wing:		
JAVIER KAHN DEL POZO				
	Name of Co	ntact Person		
OLY INSULATION CORP.				
	Firm/ C	Company		
1770 NE 191ST ST, APT. 405				
	Ado	dress		
MIAMI, FL. 33179				
	City/ State a	nd Zip Code		
AMGTAXSERVICES@YAHOO.0	COM.MX			
E-mail address: (to be us		nnual renort r	octification)	
444.0051 (10 00 45		iniuui repotti	,	
For further information concerning this matter, pleas	e call:		•	
JAVIER KAHN DEL POZO	at (786	439-6403	
Name of Contact Person	at (e & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the I	Florida Depar	tment of State:	
\$35 Filing Fee \$Certificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division Clifton	Address nent Section n of Corporations Building tecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

OLY INSULATION CORP.				•
(<u>Name</u> (of Corporation as currently fi	iled with the Florida Dept	t. of State)	
P16000080978				
	(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation ac	dopts the following	; amendment(s)
A. If amending name, enter the new na	nme of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpora		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			PER CALL	1 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the nan	ne of the	
Name of New Registered Agent	JAVIER KAHN DEL POZO			
	1770 NE 191ST ST, APT. 40	5		
	(Florida street	address)		
New Registered Office Address:	MIAMI		Florida 33179	
 -	(Ci	ty)	(Zip C	ode)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	v	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	JAVIER KAHM DEL POZO	1770 NE 191ST ST, APT. 405
Add X Remove			MIAMI, FL. 33179
2) Change	P	JAVIER KAHN DEL POZO	1770 NE 191ST ST, APT. 405
X Add			MIAMI, FL. 33179
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 .		
Add			
Remove			

tach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
•	
<u> </u>	
	<u> </u>
· ·	
an amendment provides for an exchinorisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
,	

	10/10/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	· · · · · ·	
	0/10/2016	
Enective date <u>n applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/10/20 Dated	016	
Signature	Showsney Cin)	
selec	director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
•	JAVIER KAHN DEL POZO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	